



MONROE COUNTY HEALTH DEPARTMENT
FOOD PROTECTION – ROOM 1020/ 111 Westfall Road
P.O. Box 92832
Rochester, New York 14692 (585) 753-5553

GAZ. No. _____
REC. No. _____
CK. No. _____ \$ _____
Dated: _____

2006 APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT
in accordance with subpart 14-2 of the New York Sanitary Code

*This application must be submitted and approved **at least 10 days prior** to the event. **The fee is per booth per event.** The fee must accompany this application payable by cash, check or money order to the **Monroe County Health Department**. Please note that a **\$15.00 late fee** will be applied after the above specified time limit. **Complete one form per event per booth.***

(Fee waiver forms are available for charitable, non-profit organizations. The required forms must be submitted and approved by this office prior to the event.)

NOTE: LOW RISK FEE IS \$50.00 PER BOOTH/PER EVENT FOR 1 TO 14 DAYS

FEES: \$50.00 (1 DAY EVENT) \$80.00 (2-3 DAY EVENT) \$105.00 (4-14 DAY EVENT) LATE FEE: \$16.00

1. EVENT INFORMATION

_____ date from: ____/____/____ to: ____/____/____
title of event/festival

_____ city/ town
festival location (street address)

_____ serving date and time
name of food booth

2. OPERATOR'S INFORMATION (please print)

_____ (_____) _____
name of person, company, organization, etc. responsible for booth operation) phone no.

_____ city _____ state _____ zip
address

_____ cert. No. _____ exp. date: ____/____/____
certified food worker (if applicable)

3. FOOD INFORMATION (HOME PREPARED FOODS ARE NOT ALLOWED)

Hot foods: _____

Cold foods: _____

Beverages: _____ prepackaged/bottled: _____ drink mixes: _____ ice: _____

Where are the foods/beverages to be prepared: on site? _____ If not, name of approved facility: _____

What type of equipment will be used for transportation? Hot foods: _____

Cold foods: _____

The undersigned applicant has received, read, understands and agrees to operate the temporary food service establishment in complete compliance with subpart 14-2 of the New York Sanitary Code.

Signed _____ **Date of Application** _____
(Must be signed by operator)

Print Name _____

THIS IS NOT A PERMIT TO OPERATE!...a temporary food service establishment shall obtain and display a valid permit from an issuing official of the Monroe County Health Department (14-2.2). Permits will be issued after a satisfactory inspection. Failure to obtain a permit is cause for immediate closure (14-2.17).